

UTILIZATION AND QUALITY MANAGEMENT

| SECTION | SUBJECT |
|-------------------|--|
| 1 | MANAGEMENT |
| | 1.0. Utilization Management Program Plan |
| | 2.0. Notification Of Review Requirements |
| | 3.0. <i>Reviewer qualifications and participation</i> |
| | 4.0. Written Agreements With Institutional Providers |
| | 5.0. Benefit Policy Decisions |
| | 6.0. Concurrent Review Requirements |
| | 7.0. Retrospective Reviews Related To DRG Validation |
| | 8.0. Retrospective Review Requirements For Other Than DRG Validation |
| | 9.0. Review Results |
| | 10.0. Prepayment Review |
| | 11.0. Case Management |
| | 12.0. Confidentiality Applicable To All Utilization Management Activities, Including Recommendations And Findings |
| | 13.0. Documentation |
| 2 | PREAUTHORIZATIONS |
| | 1.0. General |
| | 2.0. Inpatient Mental Health |
| | 3.0. Effective And Expiration Dates |
| 3 | CONTRACTOR RELATIONSHIP WITH THE MILITARY HEALTH SYSTEM (MHS) NATIONAL QUALITY MONITORING CONTRACTOR (NQMC) |
| 4 | CLINICAL QUALITY MANAGEMENT PROGRAM (CQMP) |
| | 1.0. CQMP Plan |
| | 2.0. Cqmp Structural And Functional Requirements |
| | 3.0. Patient Safety Or Quality Issue Identification |
| | 4.0. Definitions |
| | 5.0. Improving The Quality Of Health Care By Reducing Medical Errors And Increasing Patient Safety |
| | 6.0. Clinical Quality Management Annual Report |
| ADDENDUM A | AN IMPORTANT MESSAGE FROM TRICARE |
| ADDENDUM B | HOSPITAL ISSUED NOTICES OF NONCOVERAGE |
| ADDENDUM C | HOSPITAL ADJUSTMENTS |

